

**AUTHORIZATION FOR RELEASE OF INFORMATION
For Claim Under The Energy Employees
Compensation Program Act Part D
DOE State Workers' Compensation
Assistance Program**

**U.S. Department of Energy
Office of Environment, Safety and Health
Office of Worker Advocacy**

Instructions: Please complete this form for each health care provider you listed on your application. You must also complete this form if you were a participant in a DOE Former Worker Program, or United States Transuranium Registry.

I, _____ authorize _____
(print name) (Name of Provider of Information)
or any other institution, corporation, or government agency to furnish any desired information to the U.S.
Department of Energy, Office of Worker Advocacy pertaining to the following individual:

Name: _____
(Last) (First) (Middle)

SSN: / _ / _ / _ / -- / _ / _ / -- / _ / _ / _ / _ / Date of Birth: ____ / ____ / ____

If the person authorizing the release of records is different from the person whose records are being
requested, please describe the relationship _____

Signature: _____ Date: _____

Please provide contact information for the authorizing individual:

Address: _____

City/State: _____ Zip Code: _____

Telephone No. _____

**Please provide a copy of the following information pertaining to the individual for whom records are
being requested (check all that apply):**

_____ Medical/Health Records specific to the condition(s) _____

_____ Other: _____

Comments: _____

Please send the requested information and a copy of this authorization to:

U.S. Department of Energy
Office of Worker Advocacy (EH-8)
Office of Environment, Safety and Health
Room 1G-080
1000 Independence, Ave., SW
Washington, DC 20585

Attn: Claims Processing/Release Information

If you have Questions for the Office of Worker Advocacy, please call **1-877-447-9756**.

Privacy Act

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Energy Employees Occupational Illness Compensation Program Act-Part D (P.L. 106-398) (EEOICPA) authorizes the collection of the information on this form; (2) The Office of Worker Advocacy of the U.S. Department of Energy, which administers the program, may disclose information to Federal agencies or private entities which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider other relevant matters; this is the principal purpose for which this information is collected; (3) information may be disclosed to federal agencies or entities whose mission entails reviewing or managing workers' compensation claims or administering other benefits programs; (4) information may be disclosed, as a routine use, to physicians and other health care providers for use in providing treatment or medical rehabilitation, making evaluations for the Office of Worker Advocacy, and for other purposes related to the medical management of the claim; (5) furnishing this information is voluntary, but failure to disclose all requested information may delay the processing of the claim or may result in an unfavorable decision. This notice applies to all forms requesting information that you might receive from the Office of Worker Advocacy in connection with the processing and adjudication of the claim you filed under the EEIOCPA.